**ALLEN INDEPENDENT SCHOOL DISTRICT**

**STUDENT TRAVEL AUTHORIZATION/RELEASE**

**(FOR OFF-CAMPUS ACTIVITIES)**

The Allen Independent School District (“AISD”) offers a variety of learning activities at designated off-campus locations in which students will have an opportunity to participate. I hereby give permission for my son/daughter to participate in the off-campus activity designated below. I understand that AISD may not provide transportation to and from that activity. In the event that AISD does not provide such transportation, I further understand that I must provide transportation for my son/daughter as a condition of his /her participation in the activity. If I do not personally provide transportation for my son/daughter, I hereby give permission for him/her to drive his/her personal motor vehicle or ride with the student designated below to and from the activity.

In consideration for allowing my son/daughter to participate in the off-campus activity named below, I knowingly and voluntarily agree to assume full responsibility and assume all risk for any accident, loss, damage, and injuries he or she may sustain as a result of or arising out of any aspect of the off-campus activity, including, but not limited to, driving or riding to or from the off-campus activity. Further, I, on behalf of myself, my son/daughter named below, our respective family members, and our respective heirs, legatees, executors, administrators, and assigns, hereby agree to release, acquit, discharge, and hold harmless (i) AISD; (ii) the AISD Board of Trustees; and (iii) any agents, employees, representatives, insurers, successors, and assigns of the entities just named from any and all claims, demands, liabilities, actions or causes of action, of whatever kind or character, whether known or unknown, whether arising out of federal, state, or local statute or common law, **including claims resulting from negligence,** that I or my son/daughter may sustain arising out of any aspect of the off-campus activity, including, but not limited to, driving or riding to or from the off-campus activity.

I acknowledge and agree that I have read and understand the foregoing. I agree with its contents and desire for my son/daughter to participate in the off-campus activity named below. I further affirm that my execution of this Release is knowing and voluntary.

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Student Name Off-Campus Activity

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Parent/Guardian Signature Home/Business Telephone Date Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student With Whom My Son or Daughter May Ride With Car Description and License